

FORM SL-6
ANNUAL QUESTIONNAIRE
NON-UNITED STATES INSURERS

Company Name _____

December 31, ____

This questionnaire is to be completed in United States dollars.
Rate of exchange used? _____

1. List all assets and indicate whether carried at cost or market.

2. List all deposits in the United States and where deposited.

3. List all investments in parents, affiliates and subsidiaries.

4. List all liabilities. _____

5. List all liabilities in the United States. Indicate those in Connecticut. _____

6. List all liabilities to parents, affiliates and subsidiaries.

7. Total capital _____ Total reserves (surplus) _____

8. Complete the following:
 All Business:

Line of Business	Net Premiums	Net Claims and Claim Expense	Underwriting Expense	Other Expenses	Net
Fire					
Accident					
Marine					
Aviation					
Transport					
Other					
Life					
Total					

Expenses less income not charged to underwriting _____ *

*The total of these two items to agree with the profit and loss account reported in the Company's reports and accounts for the current year.

United States Business:

Line of Business	Net Premiums	Net Claims and Claim Expense	Underwriting Expense	Other Expenses	Net
Fire					
Accident					
Marine					
Aviation					
Transport					
Other					
Life					
Total					

Connecticut Business:

Line of Business	Net Premiums	Net Claims and Claim Expense	Underwriting Expense	Other Expenses	Net
Fire					
Accident					
Marine					
Aviation					
Transport					
Other					
Life					
Total					